



**CONTRACTORS STATE LICENSE BOARD**  
 9821 BUSINESS PARK DRIVE, SACRAMENTO, CALIFORNIA  
 MAILING ADDRESS: PO BOX 26000  
 SACRAMENTO, CALIFORNIA 95826  
 (916) 255-3900



## **DISASSOCIATION NOTICE**

Use this form to disassociate a Partner, Qualifying Partner (QP), Officer, Responsible Managing Officer (RMO) or Responsible Managing Employee (RME) from a license. Pursuant to Sections 7068.2, 7076 and 7083 of the Business and Professions Code, the disassociation must be received at the Board's Headquarter's Office within 90 days of the effective date of the disassociation. If the date of receipt is used as the disassociation date, the license will be automatically suspended, classification removed, or the license canceled effective that date.

### **DISASSOCIATION OF A PARTNER/QUALIFYING PARTNER (QP)**

Pursuant to Section 7076 of the Business and Professions Code, when a partner disassociates from a license, **IT RESULTS IN THE CANCELLATION OF THE PARTNERSHIP LICENSE**. However, the remaining partner(s) may request a continuance to complete projects in progress. A request for continuance must be received within 90 days of the cancellation date of the license.

### **DISASSOCIATION OF A RESPONSIBLE MANAGING OFFICER (RMO) OR RESPONSIBLE MANAGING EMPLOYEE (RME)**

Pursuant to Section 7068.2 of the Business and Professions Code, when a RMO or RME within 90 days of the disassociation date will result in the license being suspended or the classification being removed at the end of the 90 day period. If you are unable to replace the RMO or RME within 90 day period, you can request a 90 day extension, A request for an extension must be received within 90 days of the Board's notice that the license will be suspended or classification removed.

**PLEASE TYPE OR PRINT IN INK. FORMS COMPLETED IN PENCIL ARE NOT ACCEPTABLE.**

NAME OF PERSON DISASSOCIATING		DISASSOCIATING FROM LICENSE NO.	
EFFECTIVE DATE OF DISASSOCIATION - MO / DAY / YR	DAYTIME TELEPHONE NO. (   )	EVENING TELEPHONE NO. (   )	

**NOTE: If the effective date is older than 90 days, the date the notice is received at our Headquarter's Office will be used as the effective date.**

FULL NAME OF BUSINESS (AS IT CURRENTLY APPEARS ON THE RECORDS OF THE CSLB)			
BUSINESS MAILING ADDRESS	CITY	STATE	ZIP CODE
MAILING ADDRESS OF PERSON DISASSOCIATING	CITY	STATE	ZIP CODE

On \_\_\_\_\_ at \_\_\_\_\_  
date - mo/day/yr                      city                      county                      state

**I certify under penalty of perjury under the laws of the State of California to the truth and accuracy of the above information.**

**SIGNATURE OF OWNER, PARTNER, QP, OFFICER, RMO OR RME:** \_\_\_\_\_

**TYPE OR PRINT NAME:** \_\_\_\_\_

**ATTENTION QUALIFIERS:** If you were required to inactivate your individual license while qualifying the above license and now wish to reactivate your individual license, provide the license number here \_\_\_\_\_ and a reactivation will be mailed to you.

### **FOR OFFICE USE ONLY**

DATE REACT. REQUESTED: \_\_\_\_\_ RECEIVED TIMELY: \_\_\_\_\_ DISASSOCIATION DATE: \_\_\_\_\_

ADDRESS OF RECORD, IF DIFFERENT TITLE: \_\_\_\_\_ I.F.S. DATE: \_\_\_\_\_

CLASS(ES): \_\_\_\_\_ P.T. INITIALS: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_ PROCESSED DATE: \_\_\_\_\_